

The purpose of this form is to assist you in filing a complaint. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items bolded and marked with a star (\*) must be provided, whether or not the form is used.

Name:				
Addre	ess:			
Telep	hone No.: Home: ( ) Work: ( )			
Person(s) discriminated against, if different from above: Name:				
Addre	ess:			
Telep	hone No.: Home: ( )Work: ( )			
Agency and department or program that discriminated: Name:				
Any individual if known:				
Addre	ess:			
Telep	hone No.: ( )			
Non-employment: Does your complaint concern discrimination in the delivery services or in other discriminatory actions in the department or agency in its treatment of you or others? If so, please indicate below the basis on which yo believe these discriminatory actions were taken (e.g., "Race: Asian" or "Sex: Female").				
	Race/Color:			
	National Origin:			
	Sex:			
	Age:			

5.	What's the most convenient time and place for us to contact you about this complaint?				
	If we are not able to reach you directly, you may wish to give us the name and phone number of a person who can tell us how to reach you and/or provide information about your complaint:				
	Name:				
	Telephone No.: ( )				
6.	If you have an attorney representing you concerning this matter in this complaint, please provide the following information:  Name:				
	Address:				
	Telephone No.: ( )				
7.*	To your best recollection, on what date(s) did the alleged discrimination take place?				
	Earliest date of discrimination:				
	Most recent date of discrimination:				
8.	Complaints of discrimination must generally be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed above, is more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint.				
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10.	The laws we enforce prohibit recipients of Federal financial assistance from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. If you believe that you have been retaliated against (separate from the discrimination alleged in #9), please explain the circumstances below. Be sure to explain what actions you took which you believe were the basis for the alleged retaliation.		

11.	Please list below any persons (witnesses, fellow employees, supervisors, or others) if known, whom we may contact for additional information to support or clarify your complaint.  Name:			
12.	Do you have any other information that you think is relevant to our investigation of your allegations?			
13.	What remedy are you seeking for the alleged discrimination?			
14.	How did you learn that you could file this complaint?			

If possible, please provide copies of all documentation, evidence, proof, or other information that supports your complaint. Review this complaint form to make sure that you have included all the information and that the information provided is accurate and complete.

By signing in the space below, I affirm the information provided is true, accurate, and complete to the best of my knowledge.								
Signature of Complainant	Printed Name	Date						
I acknowledge receipt of the complaint. I will forward the complaint to the Indiana Department of Education, School and Community Nutrition Division.								
Signature of Sponsor Representative	 Printed Name	Date						

Reprisal or retaliation against any person acting in good faith in a complaint process is a violation of USDA and Indiana Department of Education policy.

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). The USDA and the State of Indiana are equal opportunity providers and employers.